

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	PS	6462	6/6
O.I.P.E. CLASSIFIER			6/12
FORMALITY REVIEW	M.M.	71620	8-7-00
RESPONSE FORMALITY REVIEW			

# INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral).... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

BEST AVAILABLE COPY

Claim	Date
Final Original	
1	✓
2	✓
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If more than 150 claims or 10 actions  
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